

The medical practitioner in Anglo-Saxon England

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ANGLO-SAXON medicine has been considered at some length during the past half century or so but little or nothing has been written about those who practised it—the physician or to give him his contemporary title, the leech.

This essay, therefore, is an attempt to direct some light, however dimly, upon these somewhat elusive practitioners.

While it is true that definite evidence relating to them is extremely sparse in the sources and cannot be compared, for example, with the much more readily available material concerning their Continental colleagues, nevertheless, even at this distance of time, some picture of their activities can be discerned from the surviving source material.

The Anglo-Saxon physician was known to his contemporaries as a leech or in Old English, “laece” and was not at all concerned with the treatment of specific disease but was expected to deal with all kinds of illness and injury and with a host of symptoms the causes of which were completely beyond his comprehension. In addition, he had to face the ever-present problems of his time; famine, plague and violence.

Some indication of his appearance may be suggested from several surviving illustrations where the leech is portrayed at work. There is no evidence in the illustrations that he wore the clerical tonsure; he appears both shaven and bearded and is clothed in the normal dress of the period—there is no suggestion of the wearing of any distinguishing medical dress as was to be the case in the later medieval period. This would indicate that in addition to the monastic physician whose activities were mostly, though not entirely, restricted to the monasteries, there was a body of lay practitioners who were available to treat the general population.

The leeches had various medical texts available to them for their instruction, most of which are contained in Cockayne’s great work *Leechdoms, wortcunning and starcraft of early England*.¹ The nature of these texts is principally that of a mixture of Greek and Latin medical material with the addition of Teutonic magical folk influences.² However, the Anglo-Saxons did produce some indigenous herbal medical knowledge and although unwieldy and complicated as it undoubtedly was in practice, it did indicate some knowledge of herbs. Nonetheless, it is certainly true that a great number of plants mentioned in the texts cannot be taken to indicate a wide acquaintance with herbs on the part of the leeches, for many of the plants’ names are merely copies from foreign manuscripts and incorrect copying of names is not infrequent.

For the purpose of this essay, the texts most relevant are those known as the “Leech book of Bald” with the addition of a work added on to this to make the “Third leech book.” These works were written c.900-950.³

The leech book of Bald is divided into two parts, the first and second leech books and a verse at the end of the second book indicates that it belonged to a leech called Bald and was written down by a scribe called Cild. It is not clear whether Cild was

merely the writer or whether he was the compiler of the prescriptions as well and thus himself a leech.

The first book contains 88 chapters, the second 67 chapters and the third 73 chapters and each book commences with a table of chapter headings. There is this further section now called the third leech book which has been added to the main body of the text and is a similar compilation to the previous two leech books. The general arrangement of the first book begins with recipes concerning the head and then proceeds downwards to the feet. The second book is concerned primarily with internal and abdominal conditions and shows some slight evidence at attempts at diagnosis and some primitive recognition of disease symptoms.⁴

It is interesting to note that while the leech books and other texts abound in herbal prescriptions, there are very few references to herbal recipes given in the earlier literary sources.⁵ This could indicate a developing art during the succeeding centuries.

These leech books, in short, may well be described as instruction manuals and contain innumerable prescriptions for a bewildering variety of illness, injuries and mental states. There is instruction not only in the concocting of herbal mixtures, but also in surgical techniques based more on empirical and traditional factors than on any knowledge of pathological processes but, nevertheless, some detail is given in one or two sections. Interspersed amongst all these so-called remedies are areas of superstitious rites, charms and invocations well reflecting the folk-lore of the people.

There can be little doubt that though the leech books were meant to be consulted by the leech in his day-to-day practice, it is equally certain that he could not have prepared many of the prescriptions contained in the books. Much of the material would have been quite unintelligible to him while other instructions for the preparation of the recipes would have been beyond his competence. Many alternative recipes are given for the same disease and hence, the leech is given the appearance of plenty of choice, yet not only were many of the ingredients unobtainable being of foreign origin,⁶ but the number of individual ingredients required for a particular mixture was, in many cases, so great, that the preparation of it would have been impossible. Moreover, there are examples in the Anglo-Saxon medical treatises of the use of both native and classical names for herbs contained in the same prescription. This suggests that certain parts at least of these texts were merely formal writing exercises without any thought being given to their meaning. Nor is there any evidence that a remedy should be changed or altered with the progress of the patient's condition.

Any discussion of these texts and instructional manuscripts raises the question of whether their existence and their use indicates that some form of training was available for those interested in following a career in leechcraft.

There is evidence, flimsy and circumstantial though it might be, that could suggest this conclusion. In the leech books themselves there are phrases which indicate that some form of instruction was available. For example, in the first leech book there are the sentences, "some teach us . . ."; "Leeches who were wisest, have taught that . . .", "Leeches teach that no man . . .", and "Oxa taught us this leechdom . . .".⁷ In this last example, the actual name of a leech is given, one of the very few known to us.

In the second leech book, there is a further example both of a name being given and an indication of some instruction; "Dun taught it . . .", the teaching being a prescription for "lung disease".⁸

Further indications that medicine was included in general schemes of study, if not yet as an independent discipline come from other and non-medical sources. St Aldhelm, for instance, mentions medicine as one of the subjects taken at the school founded at Canterbury by Archbishop Theodore in c.670.⁹ St John of Beverley is said to have criticized the action of a physician who had not practised in the manner in which

Theodore had taught.¹⁰ This would suggest that Theodore had at least some medical knowledge though no evidence is given that he personally practised it. On the other hand, many leeches may well have learned their craft on a trial and error basis or as assistants to already practising leeches. This would be quite feasible as the Anglo-Saxon leech had no conception of disease as a pathological process but was only concerned with the routine treatment of symptoms. The making up of certain compounds in the hope of relieving certain symptoms was the most that could be expected and any real medical concepts were almost entirely unknown to him.

What evidence there is points to these leeches forming a sort of professional group of people and the existence and use of instructional texts would indicate some degree of literacy. The leeches were by no means necessarily ecclesiastics for, although the monasteries possessed their own physicians, they are known to have called in lay practitioners on occasion. Similarly, monastic physicians are recorded as having attended to needy patients from nearby districts.¹¹ There is an interesting example of a monastery calling in a lay physician, one named Cynefrid, who is incidentally the earliest Anglo-Saxon physician mentioned in the sources. He practised c.680. He must have given satisfactory service to the Abbey of Ely as Bede infers that he attended there for at least 16 years. That he was not a monk is clear from the fact that he was not among the brethren at the time of the exhumation of St Etheldreda, but was 'called in' to see the body.¹²

That the leeches formed a professional body is also suggested by the strong indication that they enjoyed consulting status. As early as the early seventh century Laws of Aethelbert of Kent, there is provision made that if a person is injured and this necessitates seeking out medical attention, compensation of a high order is required from the guilty party.¹³ It is not certain whether this compensation was awarded in addition to that granted for the injury itself or whether it indicates that medical attention was sought after only in cases of severe injuries where the treatment might be expected to be prolonged and expensive; hence the high compensation award. This strongly indicates that leeches charged fees for their services and this is verified by the existence of the Old English word 'laece-feoh', leech fee.¹⁴

As to the ethical approach of the leech towards his patients, as might be expected, there are conflicting indications. On the one hand, Alcuin, the Anglo-Saxon scholar at the court of Charlemagne, is known to have held the practice of medicine in high esteem and the earlier sources, at least, give the impression that the physician did try to attend to their patients' needs to the best of their ability.¹⁵ While many examples of their failure are given in the various *Lives* of the Saints, this is certainly due to the need to enhance the subsequent miracles of the saints concerned. In spite of this, however, there does come through the strong suggestion that the leeches worked hard to effect a cure and gave their patients what comfort they could.

The other side of the picture can be illustrated from examples in William of Malmesbury's *Life of St Wulfstan* which he had copied from an earlier version. In one instance there is the comment that an ill-woman's relations "spent most of their substance" on consulting physicians without success.¹⁶ In another, there is a story of a crippled woman whose condition was deteriorating and she and her husband "sought such aid as they could afford from physicians". In both these examples there is obvious reference to the fact that payment is required for medical attention and that this payment was thought to be expensive for the times but worse is to follow:—"The physicians did their best and plied their craft, and what they could not do, they made up in promises—but all their consultations were to no purpose".¹⁷ While this *Life* was written after the end of the Old English state, it is by only a matter of a few years and professional ethics are not likely to have changed overmuch in the intervening period. On the strength of this evidence, flimsy though it may be, the question may be raised as to whether medical

ethics had declined from those observed in the earlier centuries. Also whether as the practitioners of medicine gradually organized themselves into some loose form of professional and mainly lay body, ethical considerations were allowed to decline as considerations of financial gain increased. In mitigation, however, there is no doubt that the leeches did incur professional expenses and even bad debts!¹⁸

Consideration should now be given to the state of medical knowledge possessed by the leeches and their use of this knowledge. As has been indicated earlier, they possessed an empirical knowledge of herbs though their use was often dictated by reasons other than the profit of experience. Moreover, herbs were sometimes used in conjunction with magical incantations, Christian prayers and various charms.¹⁹ Indeed, the leech's ring finger was known as the "leech finger" because this was the finger with which they touched the sick spot in order to cure the illness.²⁰ While this shows that though much of their use of herbs and plants was mingled with magical practices, rough and ready empiricism and plain ignorance of their properties, it is clear that the leech could identify, grow and gather the herbs they felt it necessary to use. The leeches probably learned much on this subject from the work of monastic physicians who tended the herb gardens in their monasteries.²¹ That some, at least of the gathering and collecting of the herbs was done by clerics is attested to by the use of Latin prayers, many of which had been substituted for earlier pagan charms.²²

Once in possession of the gathered herbs, the leeches had to produce the required recipe and this demanded some conception of quantities. At first there seems to have been no accurate measurements for the drugs and such vague phrases exist as "a handful," "small amount," "an eggshell full" and even the use of the "thumb and forefinger" but more exact measures came to be adopted and references to coins are given to indicate weights.²³ Moreover, a detailed table of weights and measures is to be found in the last chapter of the second leech book.²⁴

In addition to the great number of herbal prescriptions contained in the leech books and other medical manuscripts, there are indications of surgical procedures which suggest some knowledge of this field of activity. It is not certain whether there was a professional surgeon distinct from the leech or whether the latter, if called upon, would perform whatever surgery was within his competence. There are, however, certain references to the surgeon as such so it is just possible that some separation of function may have taken place in the later years of the Anglo-Saxon state, but for the earlier years, it is more likely that the same description covered the two branches of medical knowledge. For example, in the story already referred to of Cynefrid, there is no doubt that he operated upon St Ethelreda but is still called "medicus", physician.²⁵

One aspect of surgery to which several references are made in the literature is the treatment of fractures. Bede, for instance, gives several examples of people sustaining fractures and indicates the treatment given. In the *Life of Wilfred*, a young mason named Bothelm is said to have fallen from the top of Hexham church and broke various bones and dislocated some joints. Physicians were called in who immobilized the fractured limbs with bandages.²⁶ Bede tells the story of Herebald who was riding in the company of John of Beverley when he fell off his horse and fractured his thumb and skull. Bishop John called for a 'surgeon' who bound up the injured man's skull.²⁷

In the leech books there are also references to fractures and dislocations and indeed the use of splints (O.E. 'spelc') for their treatment²⁸. There is obvious awareness of severity of injury such as the more serious compound type of fracture as compared to the simple type.²⁹

Descriptions are given in the leech books of more elaborate surgery, for example, to the liver,³⁰ for hare-lip,³¹ amputation for gangrene of which excellent descriptions are given of the signs and symptoms of gangrene and the precautions thought necessary to

ensure a successful amputation.³² It is clear from the detail given that the practice of amputation was common and there is awareness of the need to amputate through healthy tissues beyond the gangrenous area. Also given are the surgical procedures recommended for reducing the bowel,³³ cupping³⁴ clysters (enemas)³⁵ and frequent references to blood-letting or venesection³⁶ and cauterization.³⁷

The suturing of surgical incisions is described, for example, the incisions required for a hare-lip repair required suturing with silk³⁸ as did the operation for a prolapsed bowel.³⁹

The leech who performed surgery possessed several surgical instruments, the names of which survive in the Old English vocabulary. Words such as "snidisen," "Aedre-seax" or "blod-seax" denoted a lancet; a surgeon's knife was a "laece-seax" and "leacegetawu" referred to medical instruments generally. While "laeceiren" was an instrument made from iron and a "laececist" a medical chest.⁴⁰

Cupping was performed to assist in the draining of secretions and both glass and horn was used for this purpose.⁴¹ Cauterization was frequently employed in the treatment of wounds, both where it could conceivably be of some help and also in cases where it would be quite useless. Several illustrations exist from the 12/13th centuries showing the method of cauterization and progress and an eleventh-century illustration shows the various cauterization points drawn upon the human body.⁴² Clysters or enemas were performed through a horn or pipe.⁴³ Scarification or self-bleeding was a frequent remedy employed as an alternative to blood-letting.

Blood-letting was commonly employed and many references to it appear in the texts. Its origin was in the belief that too much blood in the body was the cause of much disease and particular veins were opened to cure particular illnesses⁴⁴. There was a great deal of magical influence apparent in blood-letting and there are many examples of astrological, lunar and calendar details which were supposed to be propitious or otherwise to its success.⁴⁵ Even some Holy days were considered best avoided if successful blood-letting was to be expected. However, in spite of all the magical overlay in the performance of venesection, there is some evidence of rational observation and treatment. For example, in a section on this subject in the first leech book, there is mention of a hot fomentation which is prescribed in case the lancet wound should become inflamed and also the need for a tight cloth to be wrapped around the limb should the bleeding not stop. There is here an obvious recognition of the use of a pressure bandage to arrest haemorrhage and perhaps more significant still is the recognition of at least some of the dangers which could accompany venesection, e.g. the cutting of a tendon.⁴⁶

The Anglo-Saxon leech, even in the early period possessed some knowledge of prognosis. Bede, for instance, describes the case of a young man who developed a swelling on his eyelid which progressively grew bigger. The leeches had applied poultices without success and some of them then advised lancing the swelling, but others disagreed fearing complications.⁴⁷ There is a suggestion here that experience had taught some of the physicians that precautions had to be taken to prevent dangers inherent in certain surgical operations. On the other hand, there are later examples of quite ridiculous prognostic methods such as that the patient's fate would depend upon the way his face was turned at the time the leech came to attend to him,⁴⁸ and also upon various complicated lunar calculations.⁴⁹

Among other common treatments prescribed and carried out by the physicians was the provision of medicinal baths. These were vapour or steam baths which were produced by either placing heated stones into water⁵⁰ or pouring water onto a large heated stone while the patient sat in the resulting steam.⁵¹ Two examples are of particular interest. In the first leech book, a vapour bath is prescribed for the condition of

"blotch," thought to be a skin disease. Various herbs were boiled and kept hot. A stool was made with a hole in the seat and a bucket placed beneath. The patient sat upon the stool and the hot liquid poured into the bucket while a garment is placed over him to prevent the vapours escaping; he was therefore surrounded by the herbal vapour.⁵² In the same leech book the prescription for a broken leg involves providing a bath by placing "hot stones well heated in a trough, warm the hams with the stone bath, when they are in a sweat, then let him [the patient] duly arrange the bones as well as he can, apply a splint and it is so much the better the oftener a man bathes with the preparation".⁵³ It is not clear whether the splint is self-applied or by the leech but there does seem to be the realization that heat which would produce sweating could relax the surrounding muscles which in the circumstances would almost certainly be in spasm, so enabling some form of reduction or traction to be attempted.

While these literary sources provide a great deal of evidence as to what the leeches considered to be the remedies for many varied conditions, it is difficult, if not impossible, to attempt to identify most of these diseases. Nevertheless, some of the diseases and injuries from which the Anglo-Saxon population suffered are known from the evidence presented from the study of palaeopathology, and these give some indication as to what sort of ailments the leech might be called upon to treat.

Osteoarthritis was a common joint condition and has been found in much skeletal material from Anglo-Saxon cemeteries and there is evidence also of much dental (alveolar) disease. Pott's fracture of the ankle has similarly been frequently encountered. Among less common conditions which have been found are osteochondritis dissecans, a case of Osgood-Schlatter's disease, congenital dislocation of hip, pyogenic arthritis of the humerus and even leprosy.⁵⁴

It is impossible to say just how a leech would approach the treatment of these and many other conditions, even assuming the patients consulted him. It is by no means certain whether patients suffering from even the more commonly occurring disorders would feel it advantageous to seek out the services of the leech in view of their inability to make any real effort to treat the condition intelligently. In view of their almost certain lack of success, many patients may have been expected to fall back on what would probably have been an even more primitive folk medication or into the solace of faith-healing. For instance, whatever the condition was from which King Alfred suffered for many years, he is a good example that extended treatments even to a royal patron, could still be unsuccessful.

There is no doubt that the leech knew nothing about internal anatomy or physiology and it was the outside or exterior of the body with which he mainly concerned himself. This is understandable when it is remembered that under the social conditions and habits of the time, the external appearance of the body could show a variety of signs and symptoms.

The lack of personal hygiene would have had an adverse effect on health and in particular this effect would have shown itself in the condition of the skin. The spread of lice, fleas and other vermin must have been a problem at the time for various prescriptions are given to deal with these nuisances.⁵⁵

Various skin diseases would have been common due to malnutrition, vitamin deficiency and lowered vitality and the many references to recipes for skin conditions seem to verify this. It is doubtful whether any of the remedies prescribed, even if they were possible to make up, would have had much effect although in one case, at least, a recipe for scabs on the skin which contained tar might well have proved beneficial.⁵⁶

Where there is rather more evidence of some positive knowledge or observation or at any rate some insight into the treatment of the sick, was in the field of diets and food. There is, for example, great detail given for diets recommended for "liver disease"

or jaundice⁵⁷ as well as a realization that certain foods have slow or quick digesting properties. For instance, hens, geese, pigs' feet and the meat of the kid and boar were considered easily digestible, while rabbit, goat, duck and venison were regarded as more difficult to digest.⁵⁸

Pregnant women were advised not to eat the meat of the bull, buck, cock, boar or ram. It was thought that if such male flesh was eaten, there was the distinct possibility that the woman would give birth to a humpbacked child.⁵⁹

Ham and bacon and particularly pork were popular meat foods and fresh-meat is mentioned in the leech books⁶⁰ which was, incidentally, to be avoided in cases of shingles. Meat could be roasted or boiled, and frying was known by the fact that instructions regarding the frying of a goat's bladder is given for those suffering from urine incontinence.⁶¹

Although much meat was eaten by the Anglo-Saxons and was prescribed frequently by the leeches, dairy products and various cereal foods were also in demand. In the recipes, oats and barley were used to make poultices⁶² and these, added to honey and vinegar, were prescribed as a poultice for scarified wounds.⁶³ Wheat was used in the preparation of refined flour for bread although the ordinary person would not be expected to afford such a refined product and would have to be content with the more coarse grained wheat bread if not the even coarser barley bread.

That the Anglo-Saxon monastic practitioner had his place of practice is known from the literary evidence. For example, Bede refers to a place to which the sick were taken.⁶⁴ Some of these places were certainly used as hospitals while others also shared this function with providing accommodation for travellers, pilgrims and others requiring hospitality. These monk physicians while primarily concerned with the spiritual welfare of their patients and in spite of their view that illness was divinely ordained as punishment for sin, did none-the-less care for their bodily ills and tried to ease their afflictions. Their efforts in this direction, even if not entirely successful must surely have been better than those patients who relied for their cure upon the intercession of the Saints, both those alive and dead, and their relics. Even allowing for possible improvement due to belief in such spiritual healing, the chances of any relief beyond the most transient must have been remote.

Most monasteries contained an infirmary and there is some evidence that in addition to the physician himself there were assistants who helped him in his work. While their work was primarily concerned with the care of the brethren, these physicians did venture out to attend the populations in the surrounding countryside. Perhaps more important than their practical services, the monastic physicians were able to develop what medical knowledge was available as they had the facilities and environment in which the study of disease and its treatment could be quietly pursued and improvements in the treatment of their patients advanced. However, in spite of this advantage there is nothing to suggest that the standard of monastic medicine was higher than that practised by the lay leech, though no doubt the monks had easier access to many herbs and plants which were commonly grown in the monastic herb garden.

With regard to non-monastic houses which cared for the sick, St Peters at York is regarded as the earliest foundation c.937 by King Athelstan. Two others at Worcester were also established by Anglo-Saxons, the first by St Oswald some time before his death in 992, and the other by St Wulfstan of Worcester not long after the Conquest.

Unfortunately nothing is known about the work of the leeches in these establishments, but it must be supposed that they did practise their craft within their walls. It is not known whether they set up centres of treatment in places not possessing hospitals or even before the idea of the lay hospital had gained recognition. It seems likely that patients merely presented themselves at the place in which the leech lived and this

would then serve as his practice accommodation.

Whether lay or clerical, the Anglo-Saxon physician tended his patients as best he could. His difficulties were many and trying and the vast majority of his remedies never far from useless, yet it must be allowed that he provided some sort of amelioration for his sick charges. While many, when sick, searched out for the miraculous, nevertheless the evidence shows that the leeches, the general practitioners of Anglo-Saxon England, carried out their work with at least some regard to the ethics and morality of their calling.

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OF AUTHORS

No sooner do you take up the works of any author, and read them with proper diligence, than you perceive, from the very forms of his books, the order and character of his studies. If he be a man unlearned in his profession, and have (as is but too much the custom), learned by hearsay only, his tedious unmeaning books will be soon thrown aside, they will indeed seldom fall into your hands. But if he be a perfect surgeon, like those whom I delight to set before you as examples; then you will find all his remarks arranged, explained, illustrated, and enforced with peculiar ardour; his perfect knowledge of the human body brings all his experience into the most useful forms; his histories are plain and important; he dwells with judgement upon those points which are peculiarly difficult, and resolves them, by continual reference to the structure and functions of the parts. The most surprising cases become credible, when he relates them; the most ordinary facts become instructive; we never read such an author without pleasure as well as instruction; at every turn, in every difficult question, we perceive his superior penetration, knowledge, decision, good conduct. But far otherwise is it when we read the books of some others, whose histories are merely surprising tales, to which the want of anatomical knowledge gives an air of idle romance.

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